



**James Turcio**  
Building Official  
Issuing Authority

City of New Haven  
**BUILDING DEPARTMENT**  
**Permit & License Center**

200 Orange Street, 5<sup>th</sup> Floor ▪ New Haven, Connecticut 06510  
[www.cityofnewhaven.com](http://www.cityofnewhaven.com)



**Toni N. Harp**  
Mayor

## BROKER BUSINESS LICENSE APPLICATION

**Select One:** ☐ New Applicant - \$50.00 ☐ Renewal Applicant - \$25.00

**Date Application Submitted:** \_\_\_\_\_

**Applying As:** ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐ Association

**Type of Application:** ☐ Pawnbroker ☐ Secondhand Dealer ☐ Precious Metal or Stones Dealer

### Business Information

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Internet Website or Account used to Conduct Business: \_\_\_\_\_

Days & Hours of Operation: (Monday) \_\_\_\_\_ (Tuesday) \_\_\_\_\_ (Wednesday) \_\_\_\_\_ (Thursday) \_\_\_\_\_  
(Friday) \_\_\_\_\_ (Saturday) \_\_\_\_\_ (Sunday) \_\_\_\_\_

### Applicant Information

Applicant Name: \_\_\_\_\_  
(Last) (First) (Middle)

Applicant Address: \_\_\_\_\_  
(Street #) (Street Name) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Valid Photo ID# \_\_\_\_\_ Issuing State: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Type of Identification:

☐ Driver License ☐ Non-Driver License ☐ Passport ☐ State Income Maintenance Issued ID

☐ Other Issued ID (ID Type) \_\_\_\_\_

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### Business Owner Information

Business Owner Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street #) (Street Name) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Valid Photo ID# \_\_\_\_\_ Issuing State: \_\_\_\_\_

Type of Identification: ☐ Driver License ☐ Non-Driver License ☐ Passport ☐ State Income Maintenance

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### Property Owner Information

Property Owner Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street #) (Street Name) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### Employment History for the Past Five (5) Years

#### Start with Current or Most Recent Employer

Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

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**Employees, Principals in Business, Officers, Shareholders, Financial Backer or Creditors**

List all persons required to be reported under Connecticut General Statutes Chapter 409

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Individual's Relationship to Business: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street #) (Street name) (City) (State) (Zip)

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Individual's Relationship to Business: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street #) (Street name) (City) (State) (Zip)

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Individual's Relationship to Business: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street #) (Street name) (City) (State) (Zip)

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Individual's Relationship to Business: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street #) (Street name) (City) (State) (Zip)

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

**List All Locations Used or Intended to Be Used For the Purchase, Receipt, Storage or Sale of Property**

Physical Address of Property (include unit #)	City/State/Zip	Use/Intended Use
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List All of the Residential Addresses Used By the Applicant for the Past Five (5) Years**

Street Address	City/State/Zip	Dates of Residency
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Criminal History — List all crimes for which you have been convicted**

Crime	Date of Conviction	Court Where Convicted	Arresting Agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby agree to abide by all of the rules and regulations pertaining to **BROKERS** as defined by the City of New Haven General Code of Ordinances and Connecticut General Statutes.

I fully understand that once issued a license is not transferable, no refund will be issued, and is subject to the provisions of the City of New Haven General Code of Ordinances and Connecticut General Statutes applicable to the activity for which the license is requested.

I further certify that the information provided herein is true and accurate. I fully understand that if I have falsified any information herein and submitted along with this application packet, I will not be entitled to the license sought, and/or if after notice and hearing the information is found to be false. I fully understand that if I intentionally make a statement that is untrue and/or which is intended to mislead a public servant in the performance of his/her official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes for False Statement and may be subject to arrest.

**Application Must Be Signed and Notarized by a Notary Public**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
in accordance with the Connecticut General Statutes Chapter 409 §21-40.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print Name of Notary Public

My Commission Expires: \_\_\_\_\_



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**CERTIFICATION ACKNOWLEDGMENT**

I hereby certify that I have read the **Ordinances** and/or **Rules/Regulations** which pertain to **Brokers License** operations for the City of New Haven. I understand that I must comply with these **Ordinances** and/or **Rules/Regulations** at all times or be subject to enforcement actions by the City of New Haven.

I fully understand that if the **Brokers** application is denied by the City of New Haven, I will be entitled to a full refund. However, I further understand that if I withdraw the application for any other reason, the license fee is forfeited for permits that cost \$50.00 or less. Once issued a permit/license is non-refundable and non-transferable.

\_\_\_\_\_  
**NAME** (Please print your name. This permit/license is hereby granted to)

\_\_\_\_\_  
**YOUR SIGNATURE**

\_\_\_\_\_  
**BUSINESS NAME OF PERMIT/LICENSE**

\_\_\_\_\_  
**DATE**



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**REQUEST FOR CRIMINAL RECORD CHECK**

\_\_\_\_\_ **New Applicant**      \_\_\_\_\_ **Renewal Applicant**

**Date:** \_\_\_\_\_

**License Type:**

\_\_\_\_\_ Auction/Auctioneer

\_\_\_\_\_ Parking Lot/Garage

\_\_\_\_\_ Street Vendor:    \_\_\_\_\_ Food    \_\_\_\_\_ Peddler    \_\_\_\_\_ Managing Itinerant

\_\_\_\_\_ Sales:    \_\_\_\_\_ Close-Out    \_\_\_\_\_ Door-to-Door    \_\_\_\_\_ Tag

\_\_\_\_\_ **Broker:**    \_\_\_\_\_ **Pawnbroker**    \_\_\_\_\_ **Secondhand**    \_\_\_\_\_ **Precious Metal or Stones**

**Applicant:**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**Gender:**

\_\_\_ Male \_\_\_ Female

**Race:**

\_\_\_ Black \_\_\_ White \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Other: \_\_\_\_\_  
(Please Specify)

**Court Case(s) Pending:** \_\_\_ Yes \_\_\_ No      \_\_\_ Recently Disposed of on \_\_\_\_\_  
**Date**

**Applicant Signature:** \_\_\_\_\_